

## POLYSOMNOGRAPHY SURVEY CONTACT INFORMATION & BACKGROUND

Name: \_\_\_\_\_

Date: \_\_\_\_\_



**IF YOU HAVE ALREADY COMPLETED THE FOLLOWING "CONTACT INFORMATION & BACKGROUND" AS PART OF ANOTHER SURVEY, PLEASE SKIP THE REMAINDER OF THIS PAGE AND GO DIRECTLY TO PAGE 2**

Credentials/Licenses/Certification Currently Held: ☐ MD ☐ RCP ☐ RN ☐ LVN ☐ EMT ☐ Other: \_\_\_\_\_

Current Occupation/Title: \_\_\_\_\_

Practices you have been associated with in the past 10 years (check all that apply): ☐ Pulmonary Function Testing

☐ Polysomnography ☐ Hyperbaric Oxygen Therapy ☐ Neurodiagnostic Testing

☐ Respiratory Therapy ☐ Other \_\_\_\_\_

If you would like your name kept anonymous in various published reports or newsletters please check: ☐ Anonymous

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Type of Employer (check all that apply):

☐ Physician Office ☐ Acute Care Facility ☐ Stand Alone Facility ☐ Home Health Company

☐ U.S. Dept. of Education Recognized Education Program ☐ Other: \_\_\_\_\_

☐ Consumer/Patient Advocacy ☐ Professional Association ☐ NOCA Recognized Organization

Name of Organization Affiliation: \_\_\_\_\_

☐ Consumer/Patient Advocacy ☐ Professional Association ☐ NOCA Recognized Organization

☐ Other: \_\_\_\_\_

Please indicate who your are representing for each survey completed (check all that apply):

POLYSOMNOGRAPHY ☐ Self ☐ Employer ☐ Organization ☐ Did Not Complete

PULMONARY FUNCTION TESTING ☐ Self ☐ Employer ☐ Organization ☐ Did Not Complete

HYPERBARIC OXYGEN THERAPY ☐ Self ☐ Employer ☐ Organization ☐ Did Not Complete

Other important Contact Information/Background: \_\_\_\_\_

## POLYSOMNOGRAPHY SURVEY

The following questions refer to the diagnostic and therapeutic practices related to polysomnography. Please respond to as many questions as possible to the best of your knowledge. Unless otherwise noted, questions are intended to prompt responses for polysomnography in California as a whole. If you have any questions or need any assistance, please do not hesitate to contact the Board at [1-866-375-0386](tel:1-866-375-0386) and request assistance with the survey for clarification.

POL 1. Do you believe this practice is beneficial or essential to the health, safety and welfare of patients? ☐ Yes ☐ No

If no, please explain.

POL 2. Do you believe the demand for polysomnography services is greater than California facilities can currently provide? ☐ Yes ☐ No ☐ Unsure

If yes, please identify what you believe are contributing factors (check all that apply):

- ☐ Too few facilities      ☐ Inability to find qualified personnel      ☐ Inadequate reimbursement
- ☐ Awareness of the practice has grown      ☐ The practice is becoming more accepted in the medical community
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

POL 3. Considering the current climate of health care costs and reimbursement for other services, do you believe State (MediCal) and Federal (Medicare) reimbursement is fair for polysomnography services? ☐ Yes ☐ No ☐ Unsure

If no, please elaborate (i.e. too high, too low, locations or conditions are not covered, reimbursement for other similar services is much higher/lower).

POL 4. Do you believe patients are not seeking or are not able to obtain these services as a result of little or no medical reimbursement? ☐ Yes ☐ No ☐ Unsure

Comments.

POL 5. What are the current costs of services provided? Please provide a range of services from those with the lowest, medium, to highest costs and indicate whether this is an amount that is expected to be paid primarily by health insurance or by a patient; if billed to Medicare and/or MediCal, please also indicate the amount reimbursed.

Also, please indicate if your figures are fairly accurate or "ballpark" amounts (please check one):

☐ These are fairly accurate figures      ☐ These are "ballpark" figures      ☐ No idea of costs

Service: _____	Amount Billed: \$_____
<input type="checkbox"/> Amount expected to be paid primarily by patient      OR <input type="checkbox"/> Amount expected to be paid primarily by Insurance	
Medicare Reimbursement Amount \$ _____	MediCal Reimbursement \$ _____

Service: _____	Amount Billed: \$_____
<input type="checkbox"/> Amount expected to be paid primarily by patient      OR <input type="checkbox"/> Amount expected to be paid primarily by Insurance	
Medicare Reimbursement Amount \$ _____	MediCal Reimbursement \$ _____

Service: _____	Amount Billed: \$_____
<input type="checkbox"/> Amount expected to be paid primarily by patient      OR <input type="checkbox"/> Amount expected to be paid primarily by Insurance	
Medicare Reimbursement Amount \$ _____	MediCal Reimbursement \$ _____

POL 6. Do you believe State regulation/certification specific to "polysomnographic technicians" would increase the cost of services?

☐ Yes    ☐ No    ☐ Unsure

If yes, please explain.

POL 7. Please identify the types of locations where these services are provided and estimate the percentage each type of location is used to provide these services in California (Percentage total should = 100%. i.e. 50% of services are conducted in Stand-Alone Facilities; 25% are conducted in Facilities/Labs within Acute-Care Setting, and 25% are conducted in Hotel Rooms).

Stand-Alone Facilities/Labs	_____ %
Facilities/Labs within Acute-Care Setting	_____ %
Physicians Offices	_____ %
Facilities/Labs within a Home Care Company	_____ %
Hotel Rooms	_____ %
Other: _____	_____ %

Total 100 %

POL 8. Are you aware of any person providing these services independently (as opposed to working under the auspices of an organization, an employer, or a supervisor)? ☐ Yes ☐ No ☐ Unsure

If yes, please identify where services are provided and any other factors that may be of interest.

POL 9. How many days per week do you estimate each type of provider location is open and providing services directly to patients?

<u>Facility/Lab Type</u>	<u>Estimated Number of Working Days Each Week</u>						
Stand-Alone Facilities/Labs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Facilities/Labs within Acute-Care Setting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Physicians Offices	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Facilities/Labs w/in a Home Care Company	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Hotel Rooms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Other: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

POL 10. How many technicians (performing polysomnography) do you estimate are working at each type of location on any given business day? (While some location types may vary in size, please provide the number of technicians you would estimate to be working at the most commonly sized location type.)

<u>Facility/Lab Type</u>	<u>Number of Technicians Working Each Day at One Site</u>
Stand-Alone Facilities/Labs	_____
Facilities/Labs within Acute-Care Setting	_____
Physicians Offices	_____
Facilities/Labs within a Home Care Company	_____
Hotel Rooms	_____
Other: _____	_____

POL 11. How many patients do you estimate are seen by one technician on one business day at each location type?

<u>Facility/Lab Type</u>	<u>Number of Patients Seen by One Technician in One Day at One Site</u>
Stand-Alone Facilities/Labs	_____
Facilities/Labs within Acute-Care Setting	_____
Physicians Offices	_____
Facilities/Labs within a Home Care Company	_____
Hotel Rooms	_____
Other: _____	_____

POL 12. Please provide your estimated percentage of the following patient populations who use these services in California (total should = 100%).

Less than 3 months old	_____ %
4 months–2 years old	_____ %
3-12 years old	_____ %
13-19 years old	_____ %
20-39 years old	_____ %
40-59 years old	_____ %
60-79 years old	_____ %
80 years and older	_____ %

Total 100 %

POL 13. Please identify how patients are referred for POL services and what is the frequency of each referral type (total should = 100%; if a referral type listed is NOT used, please just enter "0%" for that referral type).

Self referral / Walk-in	_____ %
Physician referral	_____ %
Respiratory Care Practitioner referral	_____ %
Registered Nurse Practitioner referral	_____ %
Registered Nurse referral	_____ %
Licensed Vocational Nurse referral	_____ %
Medical Assistant referral	_____ %
Other: _____	_____ %
Other: _____	_____ %
Total	100 %

POL 14. Once a patient is referred, how is initial contact made with the patient and what is the frequency for each method?

Patient contacts facility	_____ %
Facility/Lab contacts patient	_____ %
Other: _____	_____ %
Total	100 %

Comments

POL 15. Do you believe consultation is necessary prior to the date of service?

☐ Always ☐ Frequently ☐ Sometimes ☐ Rarely ☐ Never required prior to the date of service ☐ Unsure

Comments

POL 16. If you believe consultation is required prior to the date of service, do you believe this is occurring at all locations where these services are rendered?

☐ Always ☐ Frequently ☐ Sometimes ☐ Rarely ☐ Never ☐ Unsure ☐ N/A

Comments

POL 17. If consultation is provided prior to OR on the date of service, how long are consultations and in general, what information is shared or what training is provided?

☐ N/A ☐ < 30 minutes ☐ 30 – 60 minutes ☐ 1-2 hours ☐ 2-3 hours ☐ > 3 hours

Please give a brief description of the information shared or training provided during consultations.

POL 18. Please identify the estimated waiting time, from the date a patient is referred or requests service, to the date service can be provided?

- ☐ < 1 Week    ☐ 1-2 weeks    ☐ 2-4 weeks    ☐ 1-2 months    ☐ 2-4 months  
☐ 4-6 months    ☐ 6-9 months    ☐ 9-12 months    ☐ 1-2 years    ☐ 2+ years

POL 19. Do you know of cases where the wait time has contributed to the deterioration of a patient's health?

☐ Yes    ☐ No    ☐ Unsure

If yes or unsure, please elaborate.

POL 20. Once service(s) are provided, how do technicians (non-physician personnel) handle test results, at facilities you are aware of in California (check all that apply)?

- ☐ Verbally advise patients of results  
☐ Verbally advise physician of results  
☐ Send written results to patient  
☐ Send written results to physician  
☐ Refer patient elsewhere  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

POL 21. Please identify private credentialing agencies that accredit lab areas or facilities specific to this practice in addition to the American Academy of Sleep Medicine and the Joint Commission on Accreditation of Healthcare Organizations.

POL 22. Please identify governmental agencies that inspect and/or oversee the licensure of the lab areas specific to this practice?

POL 23. If labs (not necessarily technicians) specific to this practice were all regulated by one agency, do you believe it would bring about more awareness or confidence in these services?

☐ Yes    ☐ No    ☐ Unsure

If no, please explain.

If yes, do you think this would result in more consumers using these services?

☐ Yes    ☐ No    ☐ Unsure

POL 24. How many non-physician personnel would you estimate are currently practicing polysomnography in California?

☐ < 500    ☐ 500 - 1000    ☐ 1001 - 1500    ☐ 1501-2000    ☐ Other: \_\_\_\_\_

POL 25. Please estimate the percentage of each of the following types of personnel who make up the non-physician personnel identified in question POL 24 (total should = 100%).

Licensed Respiratory Care Practitioner	_____ %
Licensed Registered Nurse Practitioner	_____ %
Licensed Registered Nurse	_____ %
Licensed Vocational Nurse	_____ %
Unlicensed Personnel	_____ %
Other Licensed Profession: _____	_____ %
Other Licensed Profession: _____	_____ %

Total      100 %

Comments

POL 26. To the best of your knowledge, of those personnel identified in question POL 25 as "Unlicensed Personnel," what would you estimate are the education levels of this population? (The total should = 100% of the education levels of "Unlicensed Personnel" only. 1 year of college is equivalent to approximately 30 semester units.)

<b>4 years or more of college education with course of study in medical science/technology</b>	_____ %
4 years or more of college education in an unrelated field of study	_____ %
<b>At least 2, but less than 4 years of college education with course of study in medical science/technology</b>	_____ %
At least 2, but less than 4 years of college education in an unrelated field of study	_____ %
<b>At least 1 but less than 2 years of college education with course of study in medical science/technology</b>	_____ %
At least 1, but less than 2 years of college education in an unrelated field of study	_____ %
<b>Less than 1 year of college education with course of study in medical science/technology</b>	_____ %
Less than 1 year of college education in an unrelated field of study	_____ %
No college education	_____ %
Other: _____	_____ %

Total:    100 %

POL 27. Please identify the type(s) of credentials/certificates issued by private organizations, that you know are **commonly held** by non-physician personnel currently working in this field (in addition to those already listed):

<u>Credential/Certificate</u>	<u>Organization</u>
Registered Polysomnographic Technologist (RPSGT)	Board of Registered Polysomnographic Technologists
Certified/Registered Pulmonary Function Technologist	National Board for Respiratory Care
Certified/Registered Respiratory Therapist (CRT/RRT)	National Board for Respiratory Care
_____	_____
_____	_____
_____	_____
_____	_____

POL 28. Please identify all the “**working titles**” you are familiar with that are used in this field by non-physician personnel (check all that apply).

- ☐ Unsure    ☐ Polysomnographic Tech    ☐ Pulmonary Function Tech    ☐ Neurodiagnostic Tech
- ☐ Respiratory Care Practitioner    ☐ Registered Nurse Practitioner    ☐ Registered Nurse
- ☐ Licensed Vocational Nurse    ☐ Emergency Medical Technician    ☐ Laboratory Assistant/Aide
- ☐ Medical Assistant    ☐ Other: \_\_\_\_\_

POL 29. Have you heard of any case(s) where a **patient(s) had to be retested** as a result of personnel failing to perform a test or treatment correctly or ensuring equipment was calibrated properly? ☐ Yes ☐ No

If yes, please give as many details you feel comfortable providing.

POL 30. Have you heard of any case(s) where a **patient(s) was harmed** as a result of personnel failing to perform a test or treatment correctly or ensuring equipment was calibrated properly? ☐ Yes ☐ No

If yes, please give as many details you feel comfortable providing.

POL 31. Do you believe this practice, if performed by inexperienced personnel (untrained/uneducated), could result in serious patient harm or even patient death? ☐ Yes ☐ No ☐ Unsure

If no, please explain.



POL 32. In the interest of preventing either direct or indirect patient harm, identify how much education and/or clinical experience you believe is necessary to perform with minimum competency (including the assurance of accurate test results) for each of the following levels of this practice.

**I. Minimum Level of Practice:** Performance of limited, entry-level tasks/functions/tests

A. College-Level Education (course of study related to polysomnography, respiratory care, neurodiagnostics) (check one):

☐ 4 years    ☐ 2 years    ☐ 1 year    ☐ No college education necessary

☐ Other: \_\_\_\_\_

B. Clinical Experience (check one):

☐ > 300 hours    ☐ 200 –299 hours    ☐ 100-199 hours    ☐ 50-99 hours    ☐ 25-49 hours

☐ 16-24 hours    ☐ 9-16 hours    ☐ 1-8 hours    ☐ No clinical experience necessary

**II. General Level of Practice:** Performance of all tasks/functions/tests except those limited tasks/functions/ tests considered “advanced” requiring additional education and/or training.

A. College-Level Education (course of study related to polysomnography, respiratory care, neurodiagnostics) (check one):

☐ 4 years    ☐ 2 years    ☐ 1 year    ☐ No college education necessary

☐ Other: \_\_\_\_\_

B. Clinical Experience (check one):

☐ > 300 hours    ☐ 200 –299 hours    ☐ 100-199 hours    ☐ 50-99 hours    ☐ 25-49 hours

☐ 16-24 hours    ☐ 9-16 hours    ☐ 1-8 hours    ☐ No clinical experience necessary

**III. Advanced Level of Practice:** Performance of all tasks/functions/tests

A. College-Level Education (course of study related to polysomnography, respiratory care, neurodiagnostics) (check one):

☐ 4 years    ☐ 2 years    ☐ 1 year    ☐ No college education necessary

☐ Other: \_\_\_\_\_

B. Clinical Experience (check one):

☐ > 300 hours    ☐ 200 –299 hours    ☐ 100-199 hours    ☐ 50-99 hours    ☐ 25-49 hours

☐ 16-24 hours    ☐ 9-16 hours    ☐ 1-8 hours    ☐ No clinical experience necessary

POL 33. Please identify education or training programs that are designed specifically for polysomnography (exclusive of respiratory care and neurodiagnostic technology programs).

<u>Training/Education Program</u>	<u>Organization/Institution</u>	<u>State</u>	<u>Course Duration</u>
Clinical Polysomnography & Sleep Medicine	Stanford University	CA	35 hrs
Annual Course Pediatric Sleep Medicine	Stanford University	CA	35 hrs
Polysomnography Associate Degree	Orange Coast College	CA	51 Units
Polysomnography Certificate	CA College of Health Sciences (Home Study)	CA	15 Units
_____	_____	_____	_____
_____	_____	_____	_____


POL 34. If technicians (non-physician personnel) specific to this practice were regulated, do you believe it would bring about more awareness or confidence in these services? ☐ Yes ☐ No ☐ Unsure

If no, please explain.

If yes, do you think this would result in more consumers using these services? ☐ Yes ☐ No ☐ Unsure

POL 35. If technicians (non-physician personnel) specific to this practice were regulated, do you believe physicians would have more options for viable resources to perform polysomnography? ☐ Yes ☐ No ☐ Unsure

If no, please explain.

POL 36. If technicians (non-physician personnel) specific to this practice were regulated, do you believe it would bring about more educational/training programs? ☐ Yes ☐ No ☐ Unsure

If no, please explain.

POL 37. Given the nature of this practice, identify on a scale from 1-5 the ability for a patient's personal rights to be violated or well being to be jeopardized should a technician have a criminal history of:

- A. Fraud/theft —
- B. Alcohol abuse —
- C. Drug abuse —
- D. Battery —
- E. Sexual Misconduct —

**SCALE**

- 1 = No possibility
- 2= Little possibility
- 3= Some possibility
- 4= Significant possibility
- 5= Absolute possibility

Comments

POL 38. Have you heard of any case(s) where a patient(s) alleged or was found to be the victim of:

Fraud/theft ☐ Yes ☐ No

Battery ☐ Yes ☐ No

Sexual misconduct ☐ Yes ☐ No

If yes, please give as many details as you feel comfortable providing.

POL 39. Have you heard of any case(s) where it was suspected or found that diagnostic testing or treatment by the technician was impaired due to the technician being under the influence of alcohol and/or drugs? ☐ Yes ☐ No

If yes, please give as many details you feel comfortable providing.

POL 40. What percentage of each type of employer do you believe performs a criminal background check on non-physician personnel prior to hire?

<u>Facility/Lab Type</u>	<u>Percentage</u> <u>(does <b>NOT</b> need to equal 100%)</u>
Stand-Alone Facilities/Labs	____%
Facilities/Labs within Acute-Care Setting	____%
Physicians Offices	____%
Facilities/Labs within a Home Care Company	____%
Facilities/Labs in Hotel Rooms	____%
Other: _____	____%

POL 41. Are you aware of any lab that posts or distributes to patients, information on technician behaviors that constitute competent performance? ☐ Yes ☐ No ☐ Unsure

If yes, please elaborate.

POL 42. Is there a standard in the industry for advising patients of their rights to file a complaint either against an employee or the facility?

☐ Yes ☐ No ☐ Unsure

If yes, what is this standard; where are patients referred?

POL 43. Which of the following components of regulation (if employed to certify "polysomnographic technicians") do you believe would protect a patient's rights and prevent patient harm (check all that apply)?

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Competency Testing            | <input type="checkbox"/> Formal Education          | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Formal Training               | <input type="checkbox"/> Criminal Background Check | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Continuing Education/Training | <input type="checkbox"/> None                      | <input type="checkbox"/> Other: _____ |

If "none," please identify what standards or practices are in place to protect patients' personal rights and health and safety.

## CONSUMER ADVOCACY GROUPS

Questions 44 and 45 are intended for persons representing or affiliated with a consumer advocacy group.

POL 44. What is your organization's mission?

POL 45. How many people does your organization represent? Please feel free to breakdown in categories if appropriate.

## EDUCATION PROGRAMS

**Questions 46–52 are intended for persons representing or affiliated with a college (or post-secondary institution) that provides any education related to polysomnography.**

POL 46. Does your institution grant a certificate or degree specific to polysomnography? ☐ Yes ☐ No  
 (This includes “add-on” certificates to other degrees or programs)  
 If yes, please describe.

POL 47. Does your institution grant a certificate or degree in a related area that includes courses specific to Polysomnography (i.e. respiratory care, neurodiagnostic technology)? ☐ Yes ☐ No

If yes, please describe the type of certificate/degree granted (check those listed if applicable).

- ☐ Respiratory Care Degree/Certificate
- ☐ Neurodiagnostic Technology Degree/Certificate
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

POL 48. How many **courses** does your institution offer that are specific to polysomnography? \_\_\_\_\_

POL 49. How many courses does your institution offer that have a significant relationship to and would strengthen the effectiveness of polysomnography? \_\_\_\_\_

POL 50. Does your institution hold accreditation recognized by the U.S. Department of Education? ☐ Yes ☐ No

If no, please describe any accreditation held.

POL 51. Do your degree and/or certificate programs identified above hold accreditations? ☐ Yes ☐ No

If yes, please list accreditation(s) held.

POL 52. What is the average number of students earning a certificate and/or degree each year from your institution (only those sites in California)? (Please do not duplicate figures)

<u>Degree/Certificate Type</u>	<u>Issued Annually</u>
Respiratory Care Degree /Certificate	_____
Neurodiagnostic Degree/Certificate	_____
Polysomnography Degree/Certificate	_____
Respiratory Care Degree/Cert with Polysomnography Add-On Cert	_____
Neurodiagnostic Degree/Cert with Polysomnography Add-On Cert	_____
_____	_____
_____	_____
_____	_____
_____	_____

## TRAINING PROGRAMS

**Questions 53 – 56 are intended for persons representing or affiliated with an organization that provides formal training courses specific to polysomnography.**

POL 53. Does your organization hold accreditation recognized by the U.S. Department of Education? ☐ Yes ☐ No

Comments

POL 54. What are the names of training courses provided, how many total hours are each course, and approximately how many students complete each course in a calendar year? (Please do not duplicate figures under "Number of Students;" choose the highest level course completed by any one student)

<u>Title</u>	<u>Hours</u>	<u>Student Completion/Yr</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

POL 55. Approximately how many of these courses are offered in California in a calendar year? \_\_\_\_\_

Comments

POL 56. Does your organization issue a certificate upon completion of the training course? ☐ Yes ☐ No

## PROFESSIONAL ASSOCIATIONS

**Questions 57 – 62 are intended for persons affiliated with an association whose membership includes technicians (non-physician personnel) who practice in the field of polysomnography.**

POL 57. How many current members make up your association? \_\_\_\_\_

POL 58. If you are a national or international association, please identify how many members of your association reside in California? \_\_\_\_\_

POL 59. Does your organization have a published "Code of Ethics?" ☐ Yes ☐ No

If yes:

When was this established? \_\_\_\_\_

Has this been distributed directly to your members? ☐ Yes ☐ No

If yes:

When was initial distribution? \_\_\_\_\_

When was the most recent distribution? \_\_\_\_\_

- POL 60. Does your organization apply a standard on what activities constitute competent practice? ☐ Yes ☐ No
- POL 61. Does your organization discipline credential holders for substantiated complaints of incompetence, negligence, misconduct, or illegal activities? ☐ Yes ☐ No
- POL 62. Does your organization receive complaints of incompetence, negligence, misconduct, or illegal activities from sources other than governmental agencies? ☐ Yes ☐ No

If yes, does your organization conduct investigations for these types of complaints or do you request another agency to perform investigations?

## CREDENTIALING / CERTIFICATION ORGANIZATIONS EXAMINATIONS

**Questions 63 –69 are intended for organizations who provide an examination where at least 50% of the examination is specifically designed to address competency with polysomnography.**

- POL 63. Please list examinations your organization offers and the percentage of each that is testing competency specific to polysomnography.

<u>Exam Title</u>	<u>Percentage</u>
_____	____%
_____	____%
_____	____%
_____	____%
_____	____%
_____	____%

- POL 64. For each type of credential issued, how many credentialed members does your organization currently have, both nationally and in California alone?

<u>Credential Name</u>	<u>Current National Membership</u>	<u>Current California Membership</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- POL 65. Please identify any organization that sets quality standards for credentialing/certification organizations that accredits or recognizes your organization.

POL 66. Please identify testing sites located in California and how often testing is available at each site?

California Testing Site Location/Name

Frequency Testing Available

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POL 67. Does your organization discipline credential holders for substantiated complaints of incompetence, negligence, misconduct, or illegal activities?

☐ Yes ☐ No

POL 68. Does your organization receive complaints of incompetence, negligence, misconduct, or illegal activities from sources other than governmental agencies?

☐ Yes ☐ No

If yes, does your organization conduct investigations for these types of complaints or do you request another agency to perform investigations?

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POL 69. Would your organization entertain discussions with the State of California in consideration of employing one or more of your organization's examination(s) as a state-mandated competency examination(s)?

☐ Yes ☐ No

Comments

## ADDITIONAL COMMENTS

If you have additional comments or information pertaining to a specific question, please identify the question number you are addressing.